

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

PROFESSIONAL ENGINEERS SECTION

INFORMATION FOR COMPLETING PROFESSIONAL ENGINEER APPLICATION

This is not the application to register for the Engineering Examination. To register for the examination, contact NCEES directly at www.ncees.org or (800) 250-3196.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Application by Examination

1. **Application for Professional Engineer Registration (Form #1736)**
2. **\$68.00 Initial Credentialing Fee** - Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Official Transcripts** - Transcripts must be forwarded directly by the college to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.**
4. **Verification of Examination or Registration (Form #475)** - Completed by each state in which you have been issued a license. If the exams were passed in Wisconsin, this form is not required. Please indicate the month and year the exams were passed on page 1.
5. **Experience Record (Form #463)** - Evaluated by the Professional Engineers Section to determine whether the experience you document meets the qualifying engineering experience as defined in Wis. Admin. Code § A-E 4. Provide a complete chronological listing of your experience. The beginning and ending month and year of employment must be shown for each engagement.
6. **Professional Engineer Applicant Appraisal Form (Form #470) - Examination:** Provide references from at least five (5) individual having personal knowledge of the applicant's engineering work, three (3) or more of whom are registered Professional Engineers, one of whom is registered in Wisconsin and one of whom has served as supervisor in responsible charge of the applicant's engineering work. **Reciprocity:** Provide replies from five (5) registered Professional Engineers, one of whom served as a supervisor in responsible charge of your engineering experience.
7. **Proof of Continuing Education Completion** (for Reciprocity applicants only) - Provide proof that you have completed continuing education per Wis. Admin. Code § A-E 13.09.

Reciprocity Applicants (applicant holding an unexpired registration(s) from another state)

An applicant may apply for registration if he or she holds an unexpired registration in another state in which registration requirements are not lower than those in Wisconsin. The applicant must have passed the NCEES Principles and Practice Exam, the Fundamental of Engineering Exam, and have 8 years of engineering experience (education included). Applicants may apply using NCEES Council Record or application by examination.

If Applying by NCEES Council Record If you are using NCEES record, complete and return only the Application for Professional Engineer Registration (**Form #1736**), proof of CE/PDH per Wis. Admin. Code § A-E 13.09 and fee. Indicate on your application that you are requesting NCEES to forward your council record to DSPPS.

Temporary Permit A temporary permit is available to all applicants under the Reciprocity provision. This permit allows the applicant to proceed with a pending project during the time it takes to process the application for registration. An applicant desiring a permit must include a letter specifically requesting the permit, which includes a description of the project (**location, approximate size and cost**), a copy of their registration card from the original state of registration and an \$68.00 temporary permit fee. The Application for Professional Engineer Registration (**Form #1736**) and the \$68.00 initial credential fee must accompany the request for a temporary permit.

Review Dates Your application for registration will be presented to the Section for review when all required documents have been received. You are encouraged to submit your application as soon as possible to allow processing and review of application before the Board meets. You'll find a schedule of tentative Board meetings on the Department's web site at <http://dsps.wi.gov>.

For applicants who have previously submitted the Eligibility Application for Principles and Practice of Engineering Examination (Form #1999) and have passed both the PE and the EIT (FE) exams, submit only The Application Packet Addendum (Form #2727).

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PROFESSIONAL ENGINEERS SECTION

APPLICATION FOR PROFESSIONAL ENGINEER REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

**PLEASE TYPE OR PRINT
IN INK**

☐ Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Professional Engineer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input type="text"/>			
Email Address <input type="text"/>			
Examination: If you have taken the Fundamentals and Principles and Practice Exams in Wisconsin or any other state, please provide date of exam(s) and location(s). Fundamentals of Engineering Examination State: <input type="text"/> Date of exam: <input type="text"/> / <input type="text"/> / <input type="text"/> NCEES Principles and Practice Examination State: <input type="text"/> Date of exam: <input type="text"/> / <input type="text"/> / <input type="text"/>			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **\$68.00 Initial Credential Fee** (Application by Examination)
- ☐ **\$68.00 Initial Credential Fee** (Reciprocity)
- ☐ **\$68.00 Temporary Permit Fee** (optional fee for Reciprocity applicants only)

For Receipting Use Only (6)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov>.

Qualification for Registration: (Check one box indicating how you qualify)

☐ Reciprocity (licensed in another state)

State:

License Number:

☐ Passed NCEES Principles and Practice Exam, the Fundamental of Engineering Exam, and 8 years of engineering experience and/or education

☐ Reciprocity Sending NCEES Council Record

Education: Official Transcript(s) Required.

Check one: ☐ NCEES

☐ 4-year degree

☐ 2-year degree

☐ Credential Evaluation

College(s) Attended	Degree Received	Date of Graduation	Major
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever failed to pass any state board examination, or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- ☐ A citizen or national of the United States, or
- ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /